

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known)

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Gary

First name

P

Middle name

Prichard, Jr.

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

2. All other names you have used in the last 8 years

Include your married or maiden names.

Sandy

First name

J

Middle name

Prichard

Last name and Suffix (Sr., Jr., II, III)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-5365

Sandy J. Lopez

xxx-xx-0877

Debtor 1 **Gary P Prichard, Jr.**
Debtor 2 **Sandy J Prichard**

Case number (if known) _____

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

**131 Townsend Street
New Brunswick, NJ 08901**

Number, Street, City, State & ZIP Code

Middlesex

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Gary P Prichard, Jr.**
Debtor 2 **Sandy J Prichard**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.
 Yes.

District _____ When _____ Case number _____
District _____ When _____ Case number _____
District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No
 Yes.

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____

11. Do you rent your residence?

No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Gary P Prichard, Jr.**
Debtor 2 **Sandy J Prichard**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Gary P Prichard, Jr.**
Debtor 2 **Sandy J Prichard**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Gary P Prichard, Jr.**
 Debtor 2 **Sandy J Prichard**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Gary P Prichard, Jr.

Gary P Prichard, Jr.
 Signature of Debtor 1

/s/ Sandy J Prichard

Sandy J Prichard
 Signature of Debtor 2

Executed on August 8, 2017
 MM / DD / YYYY

Executed on August 8, 2017
 MM / DD / YYYY

Debtor 1 **Gary P Prichard, Jr.**
Debtor 2 **Sandy J Prichard**

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Michael P. Otto

Signature of Attorney for Debtor

Date

August 8, 2017

MM / DD / YYYY

Michael P. Otto

Printed name

Law Office of Michael P. Otto, LLC

Firm name

1030 Stelton Road, Suite 102

Piscataway, NJ 08854

Number, Street, City, State & ZIP Code

Contact phone

732-819-7000

Email address

motto@ottolawoffice.com

Bar number & State

Fill in this information to identify your case:

Debtor 1	Gary P Prichard, Jr.		
	First Name	Middle Name	Last Name
Debtor 2	Sandy J Prichard		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Asset Acceptance LLC Creditor's Name	Describe the property that secures the claim: 131 Townsend Street New Brunswick, NJ 08901-2658 Middlesex County	Column A	Column B	Column C
			Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
			\$8,650.00	\$325,000.00	\$8,650.00
P. O. Box 2036 Warren, MI 48090-2036 Number, Street, City, State & Zip Code		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			

Date debt was incurred

Last 4 digits of account number **1311**

2.2	Collector of Taxes Creditor's Name City of New Brunswick 78 Bayard Street New Brunswick, NJ 08901 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 131 Townsend Street New Brunswick, NJ 08901-2658 Middlesex County	Column A	Column B	Column C
			Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
			\$5,593.00	\$325,000.00	\$0.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			

Date debt was incurred **12/29/15**Last 4 digits of account number **0102,1124**

Debtor 1	Gary P Prichard, Jr.			Case number (if known)		
	First Name	Middle Name	Last Name			
Debtor 2	Sandy J Prichard					
	First Name	Middle Name	Last Name			

2.3	Consolidated Resorts, Inc. Creditor's Name Concord Servicing 801 S. Rampart Blvd, Suite 200 Las Vegas, NV 89145-4898 Number, Street, City, State & Zip Code	Describe the property that secures the claim: Time Share - Floating Week Consolodated Resorts Las Vegas, NV 89145 Clark County	\$10,000.00	Unknown	Unknown	
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input checked="" type="checkbox"/> Other (including a right to offset) First Mortgage</p>						
Date debt was incurred		Last 4 digits of account number				
2.4	Credit Acceptance Creditor's Name PO Box 513 Southfield, MI 48037 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 2009 Hyundai Elantra 70000 miles	\$3,859.00	\$3,600.00	\$259.00	
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input checked="" type="checkbox"/> Other (including a right to offset) Purchase Money Security</p>						
Date debt was incurred		Last 4 digits of account number				
2.5	Ditech Financial LLC Creditor's Name Asset Receivables Management Attn: Bankruptcy Dept 2100 East Elliot Road, Bldg 94 Tempe, AZ 85284 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 131 Townsend Street New Brunswick, NJ 08901-2658 Middlesex County	\$39,002.00	\$325,000.00	\$39,002.00	
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input checked="" type="checkbox"/> Other (including a right to offset) Second Mortgage</p>						

Debtor 1	Gary P Prichard, Jr.			Case number (if known)		
	First Name	Middle Name	Last Name			
Debtor 2	Sandy J Prichard					
	First Name	Middle Name	Last Name			
Date debt was incurred		Last 4 digits of account number		9309		
2.6	Middlesex Surgery Center LLC			Describe the property that secures the claim:	\$11,370.00	\$325,000.00
	Creditor's Name			131 Townsend Street New Brunswick, NJ 08901-2658 Middlesex County		\$11,370.00
	1921 Oak Tree Road, 2nd Floor Edison, NJ 08820			As of the date you file, the claim is: Check all that apply.		
	Number, Street, City, State & Zip Code			<input type="checkbox"/> Contingent		
				<input type="checkbox"/> Unliquidated		
				<input type="checkbox"/> Disputed		
				Nature of lien. Check all that apply.		
				<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)		
				<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)		
				<input checked="" type="checkbox"/> Judgment lien from a lawsuit		
				<input type="checkbox"/> Other (including a right to offset) _____		
Date debt was incurred		Last 4 digits of account number		3111		
2.7	New Century Financial Services			Describe the property that secures the claim:	\$4,352.00	\$325,000.00
	Creditor's Name			131 Townsend Street New Brunswick, NJ 08901-2658 Middlesex County		\$4,352.00
	110 South Jefferson Road, Suite 104 Whippany, NJ 07981			As of the date you file, the claim is: Check all that apply.		
	Number, Street, City, State & Zip Code			<input type="checkbox"/> Contingent		
				<input type="checkbox"/> Unliquidated		
				<input type="checkbox"/> Disputed		
				Nature of lien. Check all that apply.		
				<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)		
				<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)		
				<input checked="" type="checkbox"/> Judgment lien from a lawsuit		
				<input type="checkbox"/> Other (including a right to offset) _____		
Date debt was incurred		Last 4 digits of account number		8612		
2.8	NJ Motor Vehicle Commission			Describe the property that secures the claim:	\$1,500.00	\$325,000.00
	Creditor's Name			131 Townsend Street New Brunswick, NJ 08901-2658 Middlesex County		\$1,500.00
	Surcharge Administration Office PO Box 136 Trenton, NJ 08666			As of the date you file, the claim is: Check all that apply.		
	Number, Street, City, State & Zip Code			<input type="checkbox"/> Contingent		
				<input type="checkbox"/> Unliquidated		
				<input type="checkbox"/> Disputed		
				Nature of lien. Check all that apply.		
				<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)		
				<input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)		
				<input type="checkbox"/> Judgment lien from a lawsuit		

Debtor 1	Gary P Prichard, Jr.			Case number (if known)			
	First Name	Middle Name	Last Name				
Debtor 2	Sandy J Prichard						
	First Name	Middle Name	Last Name				
<input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> Other (including a right to offset) _____					
Date debt was incurred _____		Last 4 digits of account number _____					
2.9	NJ Real Estate Commission Creditor's Name			Describe the property that secures the claim: 131 Townsend Street New Brunswick, NJ 08901-2658 Middlesex County	\$2,000.00	\$325,000.00	\$2,000.00
PO Box 328 Trenton, NJ 08625-0328 Number, Street, City, State & Zip Code		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Who owes the debt? Check one.		Nature of lien. Check all that apply. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt _____					
Date debt was incurred _____		Last 4 digits of account number _____					
2.1 0	TD Bank, NA Creditor's Name c/o Fein Such Kahn & Shepard Attn: Lisa Rocco, Esq. 7 Century Drive, Suite 201 Parsippany, NJ 07054 Number, Street, City, State & Zip Code			Describe the property that secures the claim: 131 Townsend Street New Brunswick, NJ 08901-2658 Middlesex County	\$614,776.00	\$325,000.00	\$295,369.00
Who owes the debt? Check one.		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Nature of lien. Check all that apply.		 <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) First Mortgage _____					
Date debt was incurred _____		Last 4 digits of account number _____					

Add the dollar value of your entries in Column A on this page. Write that number here: **\$701,102.00**
 If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here: **\$701,102.00**

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Debtor 1	Gary P Prichard, Jr.			Case number (if known)	
	First Name	Middle Name	Last Name		
Debtor 2	Sandy J Prichard				
	First Name	Middle Name	Last Name		
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code TTLBL, LLC 4747 Executive Drive, Suite 510 San Diego, CA 92121			On which line in Part 1 did you enter the creditor?	<u>2.2</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code US Bank Cust Tower DBW 50 So. 16th Street, Suite 1950 - Tow Philadelphia, PA 19102			Last 4 digits of account number	<u>0102</u>
<input type="checkbox"/>				On which line in Part 1 did you enter the creditor?	<u>2.2</u>
<input type="checkbox"/>				Last 4 digits of account number	<u>1124</u>

Fill in this information to identify your case:

Debtor 1	Gary P Prichard, Jr.		
	First Name	Middle Name	Last Name
Debtor 2	Sandy J Prichard		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Ally Financial Nonpriority Creditor's Name 200 Renaissance Center Detroit, MI 48243 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Deficiency on Auto Loan _____

Debtor 1 **Gary P Prichard, Jr.**
Debtor 2 **Sandy J Prichard**

Case number (if known) _____

4.2

Americollect, Inc.

Nonpriority Creditor's Name

PO Box 1566
Manitowoc, WI 54221

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

Multiple Accounts**\$842.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collection Account**

4.3

Barclays Bank

Nonpriority Creditor's Name

PO Box 8803
Wilmington, DE 19899

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$3,353.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit card purchases**

4.4

Citibank Sears

Nonpriority Creditor's Name

P. O. Box 6500
Sioux Falls, SD 57117

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **8260****\$9,028.42**When was the debt incurred? **various**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit card purchases**

Debtor 1 **Gary P Prichard, Jr.**
Debtor 2 **Sandy J Prichard**

Case number (if known) _____

4.5	Comenity - New York & Co. Nonpriority Creditor's Name PO Box 182125 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number _____ \$311.00 When was the debt incurred? _____
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases		
4.6	Comenity Capital/MPRCC Nonpriority Creditor's Name PO Box 182120 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number _____ \$140.00 When was the debt incurred? _____
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases		
4.7	Pendrick Capital Partners Nonpriority Creditor's Name 2 Glens Falls Tech Park Glens Falls, NY 12801 Number Street City State Zip Code	Last 4 digits of account number 5168 \$1,165.00 When was the debt incurred? _____
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify other		

Debtor 1 **Gary P Prichard, Jr.**
Debtor 2 **Sandy J Prichard**

Case number (if known) _____

4.8	Phoenix Financial Services Nonpriority Creditor's Name 8902 Otis Ave., Suite 103A Indianapolis, IN 46216 Number Street City State Zip Code	Last 4 digits of account number Multiple Accounts	\$1,110.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Collection Account</p>			
<hr/>			
4.9	Southern Bank Emergency Phys Nonpriority Creditor's Name 254 Easton Avenue New Brunswick, NJ 08901-1766 Number Street City State Zip Code	Last 4 digits of account number 1829	\$1,110.00
When was the debt incurred? 11/8/2016			
As of the date you file, the claim is: Check all that apply			
<p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify medical</p>			
<hr/>			
4.10	Target Nonpriority Creditor's Name PO Box 673 Minneapolis, MN 55440 Number Street City State Zip Code	Last 4 digits of account number	\$507.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Credit card purchases</p>			

Debtor 1 **Gary P Prichard, Jr.**
Debtor 2 **Sandy J Prichard**

Case number (if known) _____

4.1
1

University Radiology at RWJ Nonpriority Creditor's Name 10 Plum Street New Brunswick, NJ 08901 Number Street City State Zip Code	Last 4 digits of account number 5500,3555,8 432	\$842.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? 7/2/15	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical

4.1
2

US Department of Ed/NELN Nonpriority Creditor's Name 121 S. 13th Street Lincoln, NE 68508 Number Street City State Zip Code	Last 4 digits of account number Multiple Accts	\$3,614.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred?	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Student Loans

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Citibank Sears
c/o Midland Credit Management, Inc.
P. O. Box 2121
Warren, MI 48090

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

Pendrick Capital Partners
c/o Phoenix Financial Services LLC
P. O. Box 361450
Indianapolis, IN 46236-1450

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

Southern Bank Emergency Phys
c/o Phoenix Financial Services
P. O. Box 361450
Indianapolis, IN 46236-1450

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Gary P Prichard, Jr.**
Debtor 2 **Sandy J Prichard**

Case number (if known) _____

Name and Address
University Radiology at RWJ
c/o Americollect Inc
P. O. Box
Manitowoc, WI 54221

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3555,8432**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00	Total Claim
	6b. Taxes and certain other debts you owe the government	6b. \$ 0.00	
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00	
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ 0.00	
Total claims from Part 2	6f. Student loans	6f. \$ 3,614.00	Total Claim
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 24,708.42	
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ 28,322.42	

Fill in this information to identify your case:

Debtor 1	Gary P Prichard, Jr.		
	First Name	Middle Name	Last Name
Debtor 2	Sandy J Prichard		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)			

Check if this is an amended filing

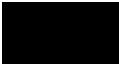
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Gary P Prichard, Jr.

Gary P Prichard, Jr.
Signature of Debtor 1

Date August 8, 2017

/s/ Sandy J Prichard

Sandy J Prichard
Signature of Debtor 2

Date August 8, 2017

Ally Financial
200 Renaissance Center
Detroit, MI 48243

Americollect, Inc.
PO Box 1566
Manitowoc, WI 54221

Asset Acceptance LLC
P. O. Box 2036
Warren, MI 48090-2036

Barclays Bank
PO Box 8803
Wilmington, DE 19899

Citibank Sears
P. O. Box 6500
Sioux Falls, SD 57117

Citibank Sears
c/o Midland Credit Management, Inc.
P. O. Box 2121
Warren, MI 48090

Collector of Taxes
City of New Brunswick
78 Bayard Street
New Brunswick, NJ 08901

Comenity - New York & Co.
PO Box 182125
Columbus, OH 43218

Comenity Capital/MPRCC
PO Box 182120
Columbus, OH 43218

Consolidated Resorts, Inc.
Concord Servicing
801 S. Rampart Blvd, Suite 200
Las Vegas, NV 89145-4898

Credit Acceptance
PO Box 513
Southfield, MI 48037

Ditech Financial LLC
Asset Receivables Management
Attn: Bankruptcy Dept
2100 East Elliot Road, Bldg 94
Tempe, AZ 85284

Middlesex Surgery Center LLC
1921 Oak Tree Road, 2nd Floor
Edison, NJ 08820

New Century Financial Services
110 South Jefferson Road, Suite 104
Whippany, NJ 07981

NJ Motor Vehicle Commission
Surcharge Administration Office
PO Box 136
Trenton, NJ 08666

NJ Real Estate Commission
PO Box 328
Trenton, NJ 08625-0328

Pendrick Capital Partners
2 Glens Falls Tech Park
Glens Falls, NY 12801

Pendrick Capital Partners
c/o Phoenix Financial Services LLC
P. O. Box 361450
Indianapolis, IN 46236-1450

Phoenix Financial Services
8902 Otis Ave., Suite 103A
Indianapolis, IN 46216

Southern Bank Emergency Phys
254 Easton Avenue
New Brunswick, NJ 08901-1766

Southern Bank Emergency Phys
c/o Phoenix Financial Services
P. O. Box 361450
Indianapolis, IN 46236-1450

Target
PO Box 673
Minneapolis, MN 55440

TD Bank, NA
c/o Fein Such Kahn & Shepard
Attn: Lisa Rocco, Esq.
7 Century Drive, Suite 201
Parsippany, NJ 07054

TTLBL, LLC
4747 Executive Drive, Suite 510
San Diego, CA 92121

University Radiology at RWJ
10 Plum Street
New Brunswick, NJ 08901

University Radiology at RWJ
c/o Americollect Inc
P. O. Box
Manitowoc, WI 54221

US Bank Cust Tower DBW
50 So. 16th Street, Suite 1950 - Tow
Philadelphia, PA 19102

US Department of Ed/NELN
121 S. 13th Street
Lincoln, NE 68508